MISSOURI STATE BOARD OF HEALTH PHYSICIANS should state BUREAU OF VITAL STATISTICS Exact statement of OCCUPATION is very important. CERTIFICATE OF DEATH Do not use this space. Registration District No. 135 Primary Registration District No. Registered No .. (d) Street No. (If death occurred in Hospital or Institution, write its name instead of street and number) town where death occurred &O yrs. mos. (f) How long in U. S., if of foreign birth? "ino si (Usual place of abod if no street address, write county or city) (If nonresident, give city or town and State) AGE should be stated EXACTLY PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR 21. DATE OF DEATH (MONTH, DAY, AND YEAR) HEREBY CERTIFY, That I attended deceased from (OR) WIFE OF 19.4 Death is said alive on..... 6. DATE OF BIRT ONTH, DAY, AND YEAR) to have occurred on the date stated above, at 2. 40 Pm. If LESS than 1 N. B.—Every item of information should be carefully supplied. AGE sho CAUSE OF DEATH in plain terms, so that it may be properly classified. 7. AGE MONTHS DAYS The principal cause of death and related causes of importance were as follows: day,hrs. ormin. 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. 9. Industry or business in which work was done, as saw mill, bank, etc......... 10. Date deceased last worked at 11. Total time (years) this occupation (month and spent in this occupation..... 12. BIRTHPLACE (CITY OR TOW (STATE OR COUNTRY) 14. BIRTHPLACE (CITY OR TOWN) Name of operation..... (STATE OR COUNTRY) What test confirmed diagnosis?..... Was there an autopsy? 23. If death was due to external causes (violence), fill in also the following: 16. BIRTHPLACE (CITY OR TOW! (STATE OR COUNTRY) Where did injury occur?..... (Specify city or town, county, and State) Specify whether injury occurred in Industry, in home, or in public place. 17. INFORMANT Manner of injury 18. BURIAL, CREMATION, OR REMOVAL Nature of injury. 24. Was disease or injury in 19. FUNERAL DIRECTOR If so, specify (Signed) (Licensed Embalmer's Statement on Reverse Side)

RELLINES Health Offices No. 80.
District Files Womber Processes

STATEMEN	NT BY LICENSED EMBALMER
Kakert & Paint	Licensed Embalmer No. 4069
hereby certify that the body recorded on the reverse side of t	
Noor by working under my personal supervision.	Registered Apprentice No.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

No. 2B 8-21-41	DEPARTMENT OF COMMERCE	SICATE OF DEATH
PI X29288	İ	,
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD	STANDARD CERTII	2. USUAL RESIDENCE OF DECEASED; (a) State
	17. (a)	(c) Where did injury occur? (City or town) (County) (State) (d) Did injury occur in ar about home, on farm, in industrial place, in public place? IN OWN HOME Die held a rug
	18. (a) Signature of funeral director	While at works (Specify the of place)
	19. (a) (b) (Registrer's signature) (Registrer's signature)	Address Date signed 10 4, 4

